Application or Docket Number

| PATENT APPLICATION FEE DETERMINATION RECOI | RD |
|--|----|
|--|----|

Effective December 29, 1999

9/578302

| (Column 1) (Column 2) | | | | | | | | | MALL E | | OR | OTHER SMALL I | |
|--|--|-----------------|------------------------------------|----------------------|------|--|-------------------|------------|-------------------|------------------------|------|---------------------|------------------------|
| FOR | | | NUMBER FILED | | | NUMBER EXTRA | | | RATE | FEE |] [| RATE | FEE |
| ВА | SIC FEE | | | | | | | | | 345.00 | OR | | 690.00 |
| то | TAL CLAIMS | | 1 | g^{\prime} minus 2 | 20= | · 88 | | | X\$ 9= | | OR | X\$18= | 1584 |
| | EPENDENT CL | | | 3 minus | .50 | | | X39= | | OR | X78= | 1560 | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | | ⊦130= | | OR | +260= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | | OTAL | | OR | TOTAL | 3834 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | | MALL I | ENTITY | OR | OTHER SMALL | |
| ENT A | | CI REN A | LAIMS MAINING FTER NDMENT | | | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT. EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT A | Total | * | | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent FIRST PRESE | * | | Minus | ** | | = | | X39= | | OR | X78≈ | |
| | FINOT PRESE | INTAFI | ON OF M | OLITE DEF | CIÁI | | <u> </u> | - | ⊦130 = | _ | OR | +260= | |
| | • | | | | | | | _ | TOTAL | | OR | TOTAL ADDIT. FEE | |
| | | (Co | iumn 1) | | ((| Column 2) | (Column 3) | AD | DIT. FEE | | • | | |
| AMENDMENT B | | REN A | LAIMS MAINING FTER NDMENT | | P | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | | Minus | ** | | = |]; | X\$ 9= | | OR | X\$18= | |
| | Independent FIRST PRESE | * | ON OF M | Minus | ** | | = | | X39= | | OR | X78= | |
| | INGI FRESE | NIMIN | OIN OF M | OLITE DEF | CIN | JUNE OLAIIVI | | 1 | 130= | - | OR | +260= | |
| | | | | | | | | ADI | TOTAL DIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | _(Col | umn 1) | | (0 | Column 2) | (Column 3) | ,,,,,, | | | | | |
| AMENDMENT C | | CL REM Al | AIMS IAINING FTER NDMENT | | PI | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | F | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | | | Minus | ** | | = | > | (\$ 9= · | | OR | X\$18= | |
| | Independent | • | | Minus | **1 | | = | — , | (39= | - | | X78= | - |
| ۲ | FIRST PRESE | NTATIO | ON OF MI | JLTIPLE DEP | EN | DENT CLAIM | | \vdash | | - | OR | | |
| | | , | | | _ | ·4. HAN- | | + | 130= | | OR | +260= | |
| ** | the entry in colur the "Highest Nur | nber Pr | eviously Pa | aid For" IN THIS | SP | ACE is less tha | n 20, enter "20." | ADE | TOTAL DIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | f the "Highest Nur The "Highest Num | | | | | | | | | ropriate box | | | |